

Name  
in  
Full

Mrs. Sallie A. Bryan

## CERTIFICATE OF DEATH

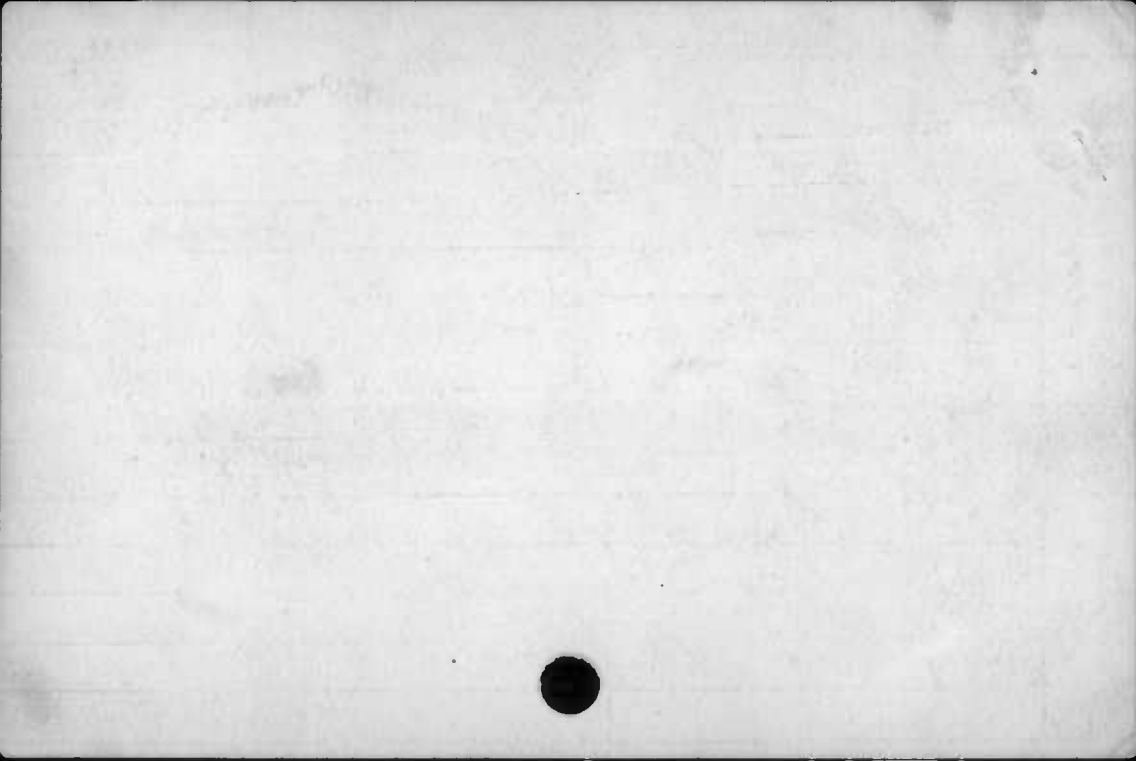
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elk Ridge</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	Month <i>March</i>	Day <i>20</i>	Age <i>59</i> <small>Years</small>	Months <i>7</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Elk Ridge, Md.</i>		
<del>Married</del> <input checked="" type="checkbox"/> <i>Widowed</i>		Name of Wife or Husband <i>Benjamin Franklin Bryan</i>			
Father's Name <i>Jos. &amp; Baker</i>			Father's Birthplace <i>Chardolee, Va.</i>		
Mother's Maiden Name <i>Sallie Lawson</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mrs. Joseph Vermillion</i>			How related to deceased <i>Daughter</i>		

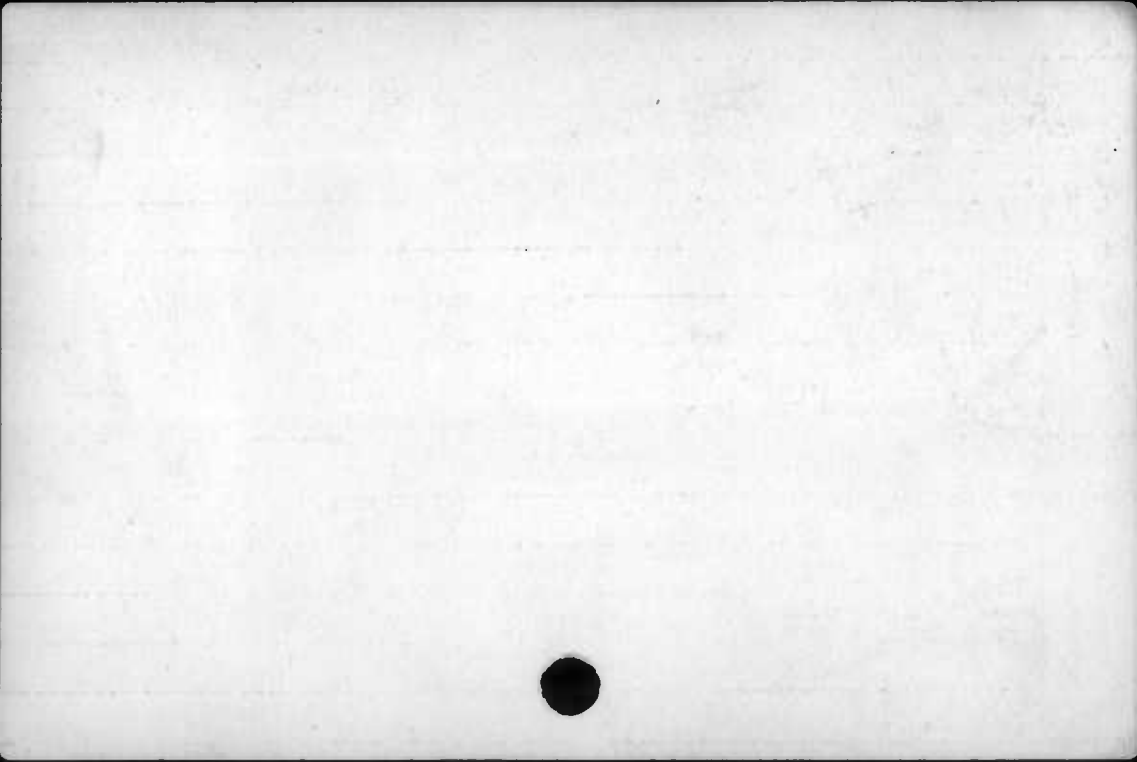
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral Stenosis &amp; Tricuspid Insufficiency</i>	How long <i>{ about 2 years</i>
Immediate <i>Passive hepatic engorgement.</i>	How long <i>}</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Eareckson</i>
	Address <i>Elk Ridge, Md.</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name in Full		CERTIFICATE OF DEATH			
Evan Buckingham		Town Elk Ridge		County Howard	
Died at		MAYLAND			
Date of death		Month Mar	Day 12	Years 70	Months 12
Sex Male		Color or Race White		Birth-place Maryland	
Occupation Laborer		Where Residing if not at place of death Elk Ridge			
Married, Single or Widowed Married		Name of Wife or Husband Lucretia Buckingham			
Father's Name Michael Buckingham		Father's Birthplace Howard Co.			
Mother's Maiden Name Verne		Mother's Birthplace Howard Co.			
Name of person giving information Lucretia Buckingham		How related to deceased Wife			
CAUSES OF DEATH					
Primary Pneumonia		How long 7 days			
Immediate Same		How long Same			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Arthur Williams			
		Address Elk Ridge Md			
Accident or Suicide? no					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		March	11	No	No	65	No
Sex		Color or Race		Birthplace			
Male		Colored		Maryland			
Occupation		Where Residing if not at place of death					
No		Jonestown					
Married, Single or Widowed		Name of Wife or Husband					
No		No					
Father's Name		Father's Birthplace					
Charles Byres		Anne Brunde					
Mother's Maiden Name		Mother's Birthplace					
Leverman Jones		Maryland					
Name of person giving Information		How related to deceased					
Charles Byres		Father					

## CAUSES OF DEATH

92

Primary	How long
Broncho Pneumonia	5 days.
Immediate	How long
Exhaustion	Progressive
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	W. C. Stone
	Address
	Ellicott City.
Accident or Suicide	

PHYSICIAN  
OR CORONER



101

Name  
in  
Full

Franklin Thomas Clark  
near Ellicott City

CERTIFICATE OF DEATH

MARYLAND

Date  
of death

1909 March 24

Age

2

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

none

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

George T. Clark

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Sarah C. Davis

Mother's  
Birthplace

Maryland

Name of person giving  
Information

George T. Clark

How related  
to deceased

Father

CAUSES OF DEATH

92

Primary

Acute Broncho-Pneumonia

How long

30 days

Immediate

Cardiac Asthenia

How long

24-36 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Gray E. O. Miller M.D.  
Ellicott City, Md

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



10/10/10



Name  
in  
Full

*Annie Rebecca Coomes*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

near *Allicott City* Town *Howard* County *MARYLAND*

Date of death 190 *9* March *20* Day *57* Age *57* Months *1* Days *1*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *House Wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Joseph B Coomes*

Father's Name *John Burgess* Father's Birthplace *Maryland*

Mother's Maiden Name *Sarah Askey* Mother's Birthplace *Maryland*

Name of person giving Information *Joseph B Coomes* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Diabetes* How long *6 years*

Immediate *Inanition* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *B. J. Byrne*  
Address *Allicott City*

Accident or Suicide



Name  
in  
Full

Henry Emerson Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>ECK Ridge</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	March	Day	12
Age		82		Months	
Sex		male		Color or Race	white
Occupation		none		Birth-place	Maryland
Where Reiding if not at place of death		resided at place of death			
Married, Single or Widewad	widowed	Name of Wife or Husband	Alexine Dennis		
Father's Name	John Dennis	Father's Birthplace	Maryland		
Mothar's Malden Nama	not known	Mother's Birthplace	not known		
Name of person giving Information	Charles A. Dennis		How related to deceased	son	

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	debility from age	How long	1 year
Immediate	same	How long	same
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Arthur Williams
		Address	ECK Ridge Md
Accident or Suicide	no		

For Interment at

Hungar's P. E. Church

Northampton Co. Va.

Stuart Mowen Co

Undertakers

215 Park ave. Baltimore Md.

Name  
in  
Full

John Kipsley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Marriottsville</i>		Town		<i>Howard</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>March</i>	Day	<i>14<sup>th</sup></i>	Age	<i>61</i>	Months	<i>7</i>
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>Ind</i>		
Occupation	<i>Carpenter (house)</i>			Where Residing if not at place of death		<i>at his home</i>			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband		<i>Eliza J. Jones</i>			
Father's Name	<i>Hammond Kipsley</i>					Father's Birthplace	<i>Ind</i>		
Mother's Maiden Name	<i>Mary A. Ridgely</i>					Mother's Birthplace	<i>Ind</i>		
Name of person giving information	<i>Eliza J. Kipsley</i>					How related to deceased	<i>wife</i>		

CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary	<i>Alcoholism &amp; Pneumonia</i>		How long	<i>about 2 months</i>
Immediate	<i>general exhaustion</i>		How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			<i>Benj. F. Shipley MD</i>	
			Address	
			<i>Alpha</i>	
			<i>Howard Co Ind</i>	
Accident or Suicide?				



Name  
in  
Full

Augusta Kleum

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elliott City</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Mar</i>	Day	<i>29</i>
Age		Years		Months	Days
<i>79</i>		<i>79</i>			
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Germany</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>Baltimore</i>		
<del>Married</del> Single or Widowed	Name of Wife or Husband		<i>Charles L. Kleum</i>		
Father's Name	<i>unknown</i>		Father's Birthplace	<i>unknown</i>	
Mother's Maiden Name	<i>unknown</i>		Mother's Birthplace	<i>unknown</i>	
Name of person giving information	<i>Charles L. Kleum Jr.</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Senile dementia</i>	How long	<i>6 months</i>
Immediate	<i>pneumonia</i>	How long	<i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. Rushen White</i>	
<i>yes</i>		Address <i>Elliott City</i>	
Accident or Suicide?		<i>no</i>	

Sudon Park Cemetery  
Henry Hook & Son



Name  
in  
Full

Maria E. Macgill

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Elliott City		County Howard		MARYLAND	
Date of death		1909	Month March	Day 5	Age 83	Months No	Days No
Sex Female		Color or Race White		Birth- place Maryland			
Occupation Housekeeper		Where Residing if not at place of death Elliott City					
Married, Single or Widowed Widowed		Name of Wife or Husband William A. Macgill					
Father's Name Stephen Gambrell		Father's Birthplace Maryland					
Mother's Maiden Name Elizabeth Gambrell		Mother's Birthplace Maryland					
Name of person giving Information Marion P. Macgill		How related to deceased Sp					

## CAUSES OF DEATH

64

How long

Senile degeneration

cerebral haemorrhage

How long

24 hrs

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

W. M. P. Hughes and  
Elliott City, Md

Accident or Suicide



TIL

Name  
in  
Full

William Merson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death	1909	Month 3	Day 31	Age 60-	Years	Months	Days
Sex	male		Color or Race	white		Birth- place	M.D.
Occupation	Laborer			Where Residing if not at place of death		Savage	
Married, Single or Widowed	married		Name of Wife or Husband	Kathleen Merson			
Father's Name	William Merson				Father's Birthplace	M.D.	
Mother's Maiden Name	Miranda Wells				Mother's Birthplace	M.D.	
Name of person giving information	Mr. Roadie				How related to deceased	nephew	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Valvular Heart Disease		How long	30 months
Immediate	Exhaustion		How long	Progressive
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		W. L. Hutchinson M.D.		
Address		Savage M.D.		
Accident or Suicide?		natural		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		March	10	43		No	No.
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Farmer			Where Residing if not at place of death	Elivak		
Married, Single or Widowed	Single			Name of Wife or Husband	None		
Father's Name	James O'Donnell				Father's Birthplace	Ireland	
Mother's Maiden Name	Mary Maddy				Mother's Birthplace	Ireland	
Name of person giving Information	James O'Donnell				How related to deceased	Brother	

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Acute Gastritis		How long	46 days
Immediate	Cardiac Asthenia		How long	—
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	J. M. Thomas M.D.	
yes		Address	Albany City, Md	
Accident or Suicide				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Ann Rebecca Pearl*

Town *Seagoville* County *Howard*

Died at *Seagoville*

Date of death *1909* Month *March* Day *11* Age *77* Years *6* Months *6* Days

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death *Seagoville*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Widow of J. L. Pearl*

Father's Name *Alfred Seager* Father's Birthplace *Va*

Mother's Maiden Name *Mary K. Bernal* Mother's Birthplace *Md*

Name of person giving Information *Mrs. Leachline Burton* How related to deceased *Sister*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *6*

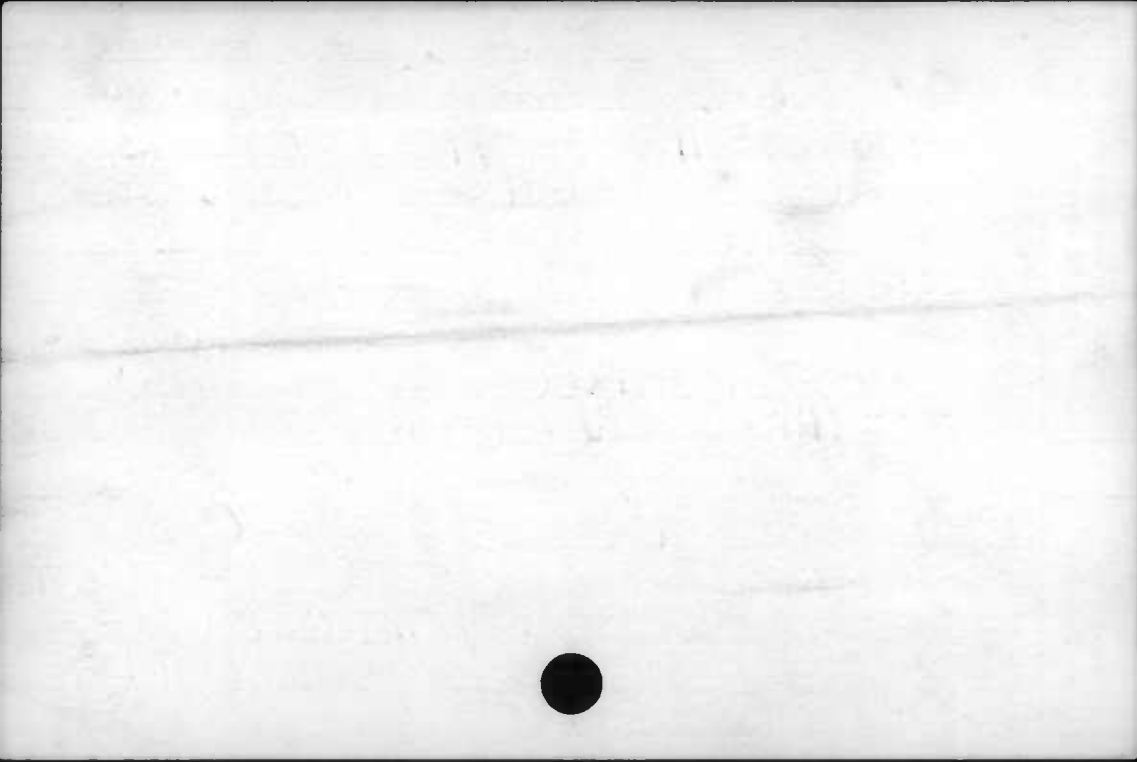
Immediate *Asthma* How long *Progressive*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *W. H. I. Cecil*

Address *Highland Md*

Accident or Suicide





Name  
in  
Full

Margaret J. Retchie

CERTIFICATE OF DEATH

Died at Columbia <sup>Town</sup> Howard <sup>County</sup> MARYLANDDate of death 190 9 <sup>Month</sup> Mar. <sup>Day</sup> 23 <sup>Years</sup> 42 <sup>Months</sup> — <sup>Days</sup> —Sex Female Color or Race White Birth-place MarylandOccupation House Wife Where Residing if not at place of death —Married, Single or Widowed Married Name of Wife or Husband Charles RetchieFather's Name John Kirrold Father's Birthplace IrelandMother's Maiden Name Agnes Barclay Mother's Birthplace IrelandName of person giving Information Charles Retchie How related to deceased Husband

## CAUSES OF DEATH

134

Primary Miscarriage (5 months) How long 5 daysImmediate Pulmonary Embolus How long 2 hoursAre the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. M. B. Rogers andAddress Columbia City, MdAccident or Suicide —TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



92

Name  
in  
Full

William J. Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>March</i>	Day <i>7</i>	Age <i>83</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Retired</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Elizabeth H. Robinson</i>				
Father's Name <i>Richard Robinson</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Barnaby</i>	How related to deceased <i>Daughter</i>		Name of person giving Information <i>Mary Isabella Higley</i>		

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage, Left Hemiplegia</i>	How long <i>Sudden</i>
Immediate <i>Asthenia</i>	How long <i>7 days</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Gambrell</i>
	Address <i>Ellicott City, Md.</i>
Accident or Suicide	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i> <sup>Town</sup> <i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i> <sup>Month</sup> <i>March</i> <sup>Day</sup> <i>12</i> <sup>Years</sup> <i>70</i>	Age <i>70</i>	<sup>Months</sup> <i>10</i>	<sup>Days</sup> <i>10</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>North Carolina</i>	
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Ellicott City</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Morris Roster</i>		
Father's Name <i>Dont know</i>	Father's Birthplace <i>Dont know</i>		
Mother's Maiden Name <i>Dont know</i>	Mother's Birthplace <i>Dont know</i>		
Name of person giving Information <i>Hillie Poole</i>	How related to deceased <i>Grandchild</i>		

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>in trial Hamorrhage</i> <sup>How long</sup> <i>36 hrs</i>	Signature of Physician <i>W. C. Shriver</i>
Immediate <i>As thrombia</i> <sup>How long</sup> <i>Progressive</i>	
Are the name, age, sex, color, date and place correctly given above?	Address <i>Ellicott City Md.</i>
Accident or Suicide	

Mount Gilbo

722

Name  
in  
Full

Christian Von Schöppengrath

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Cuffers Corner</i>		Town <i>Steward Co</i>		County <i>Steward Co</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Mar</i>	Day <i>24</i>	Age <i>72</i>	Years <i>10</i>	Months <i>13</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>				
Occupation <i>Carpenter</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Elizabeth Middlecamp</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Herbert Taylor</i>		How related to deceased <i>Grandson</i>					

## CAUSES OF DEATH

14

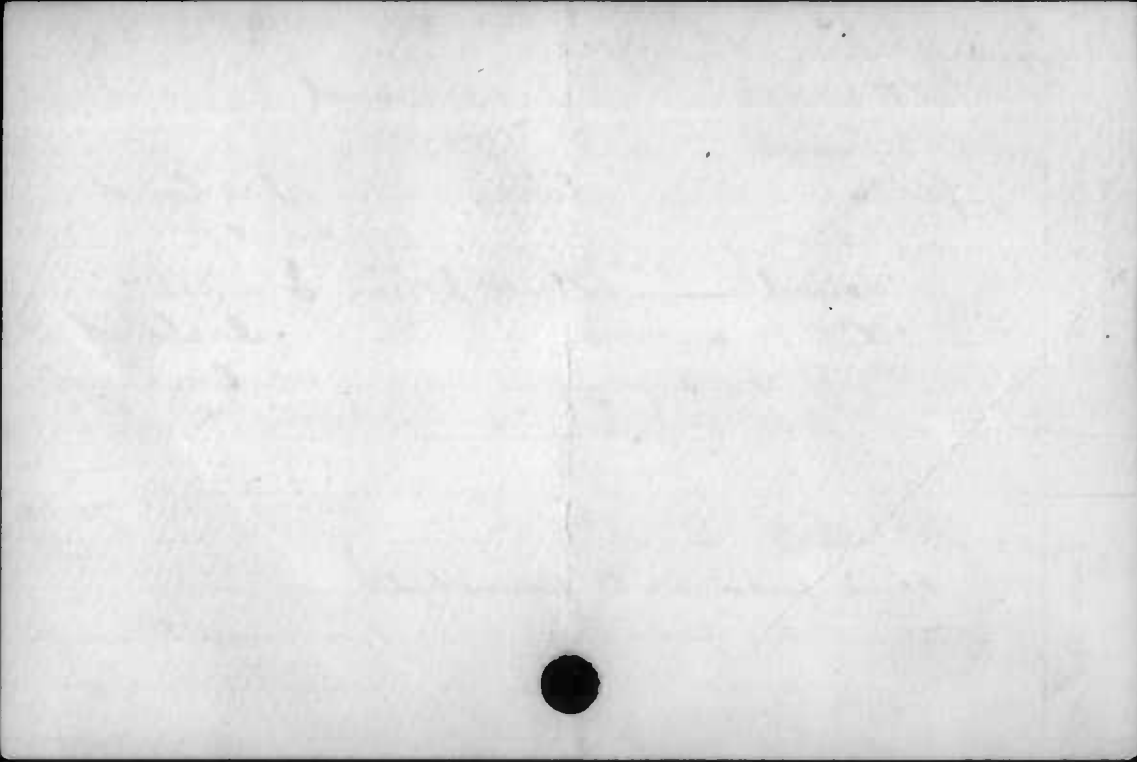
PHYSICIAN  
OR CORONER

Primary <i>Dysentery + Colicase</i>	How long <i>Four Days</i>
Immediate <i>Colicase</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas B Tumbleson</i>
	Address <i>Grifford Md.</i>
Accident or Suicide?	

526



Name in Full		Frederick Washington Smith				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died near <u>Mount View</u>		County <u>Howard</u>		MARYLAND			
		Date of death	1909	Month	3	Day	30	Age	38
		Sex <u>male</u>		Color or Race <u>brn</u>		Birth-place <u>md</u>			
		Occupation <u>Labour (Farm)</u>		Where Residing if not at place of death <u>-</u>					
		Married, Single or Widowed	<u>married</u>		Name of Wife or Husband		<u>Rose Smith</u>		
		Father's Name	<u>John Smith</u>		Father's Birthplace		<u>md</u>		
Mother's Maiden Name	<u>Martha</u>		Mother's Birthplace		<u>md</u>				
Name of person giving information		<u>Rose Smith</u>		How related to deceased		<u>wife</u>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> </div>									
PHYSICIAN OR CORONER		Primary		<u>Typhoid Fever -</u>		How long		<u>8 days</u>	
		Immediate		<u>Int. Haemorrhage</u>		How long		<u>-</u>	
		Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician		<u>M. Frank Lucas, M.D.</u>	
				Address		<u>Dyhamite, Md.</u>			
Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Mary Smith*Died at *Elk Ridge*

Town

County *Howard*

County

MARYLAND

Date of death *1909 March*

Month

Day

*7*

Age

*75*

Years

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Ireland*

Occupation

*none*Where Residing if not  
at place of death*Resided at place of death*Married, Single  
or Widowed*Widowed*Name of Wife or  
Husband*Robert John Smith-*Father's  
Name*not known*Father's  
Birthplace*Ireland*Mother's  
Maiden Name*not known*Mother's  
Birthplace*Ireland*Name of person giving  
Information*Robert J Smith-*How related  
to deceased*son*

## CAUSES OF DEATH

**90**

Primary

*Debility from age*

How long

*several years*

Immediate

*came with acute Bronchitis*

How long

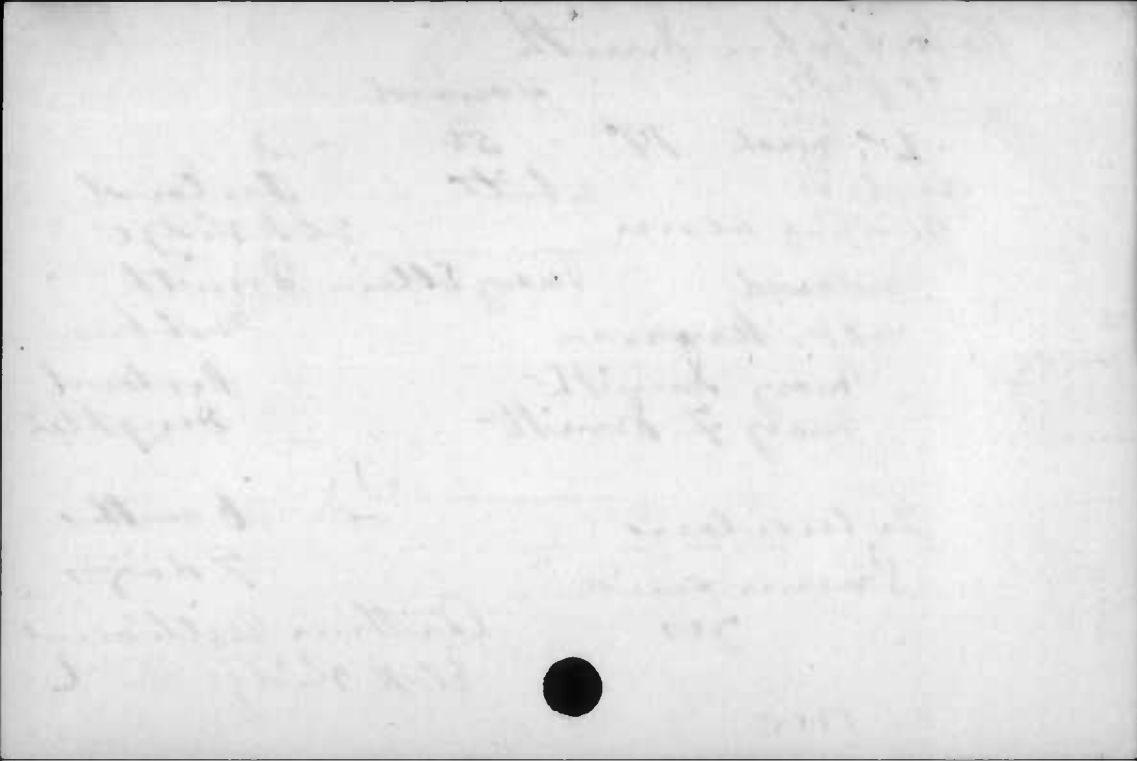
*about 6 weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Arthur Williams*

Address

*Elk Ridge Md*

Accident or Suicide?

*no*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

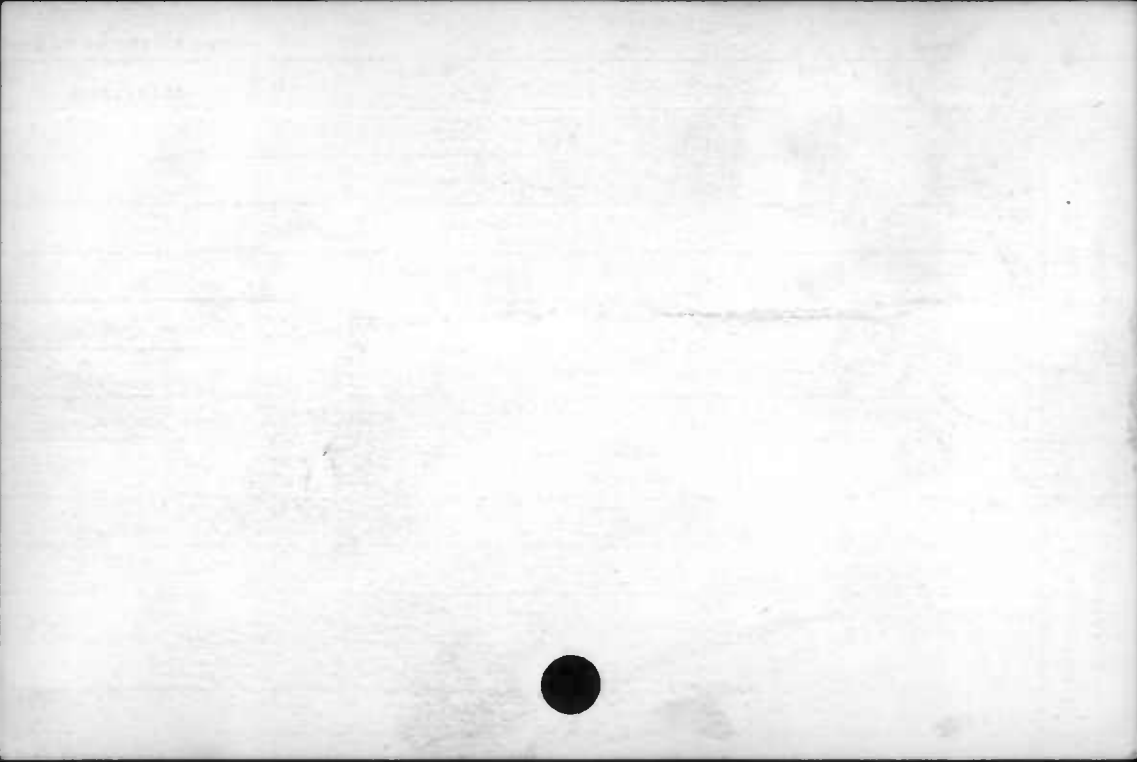
Died at <i>Elk Ridge</i>		Town <i>Howard</i>		County		MARYLAND					
Date of death <i>1909</i>		Month <i>March</i>		Day <i>14</i>		Years <i>50</i>		Months <i>3</i>		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>							
Occupation <i>nothing more</i>				Where Residing if not at place of death <i>Elk Ridge</i>							
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>May Ellen Smith</i>									
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>									
Mother's Maiden Name <i>May Smith-</i>		Mother's Birthplace <i>Ireland</i>									
Name of person giving Information <i>May F Smith-</i>		How related to deceased <i>Son</i>									

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>6 months</i>
Immediate	<i>Pneumonia</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Arthur Williams</i>	
<i>yes</i>		Address <i>Elk Ridge Md</i>	
Accident or Suicidal <i>no</i>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Sophia Mariah Smith*

Died at *Ellicott City* Town *Howard* County **MARYLAND**

Date of death *1909 March 8* Month *8* Days *11* Age *11* Years *—* Months *—* Days

Sex *Female* Color or Race *(Col)* Birth place *Maryland*

Occupation *Schoolgirl* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Amos. Smith* Father's Birthplace *Maryland*

Mother's Maiden Name *Laura Frances. Darby* Mother's Birthplace *Maryland*

Name of person giving Information *Amos. Smith* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Acute Pulmonary Phthisis 2 wks* How long

Immediate *Exhaustion* How long *Prognosis*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. C. Stone*

Address *Ellicott City.*

Accident or Suicide *—*



611



Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Elizabeth Wagner</i>		Town <i>Elioak</i>		County <i>Howard</i>		MAYLAND	
Died at <i>Elioak</i>		Month <i>March</i>		Day <i>27</i>		Years <i>60</i>	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>27</i>		Age <i>60</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Elioak</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Daniel Wagner</i>					
Father's Name <i>Frederick Kraft</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Elizabeth Wagner</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>Saml. Wagner Jr.</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio-Capillary Sclerosis</i>	How long <i>4 years</i>
Immediate <i>Heart-Failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W.W.L. Kissel</i>
	Address <i>Highland Md.</i>
Accident or Suicide	



bal

Name  
in  
Full

Virgie Hildreth Wallich

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Elwakt Town

County

Howard

MARYLAND

Date of death 1909 Mar

Month

25<sup>th</sup> Day

Age Years

Months

3

Days

25

Sex Female

Color or Race white

Birth-place Elwakt

Occupation

none

Where Residing if not at place of death

Married, Single or Widowed

single

Name of Wife or Husband

Father's Name Chas H Wallich

Father's Birthplace Howard Co

Mother's Maiden Name Ella M Starding

Mother's Birthplace Howard Co

Name of person giving information Chas H Wallich

How related to deceased Father

## CAUSES OF DEATH

Primary

Dysentery

(105)

How long

3 weeks

Immediate

Collapse

How long

4 hours -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

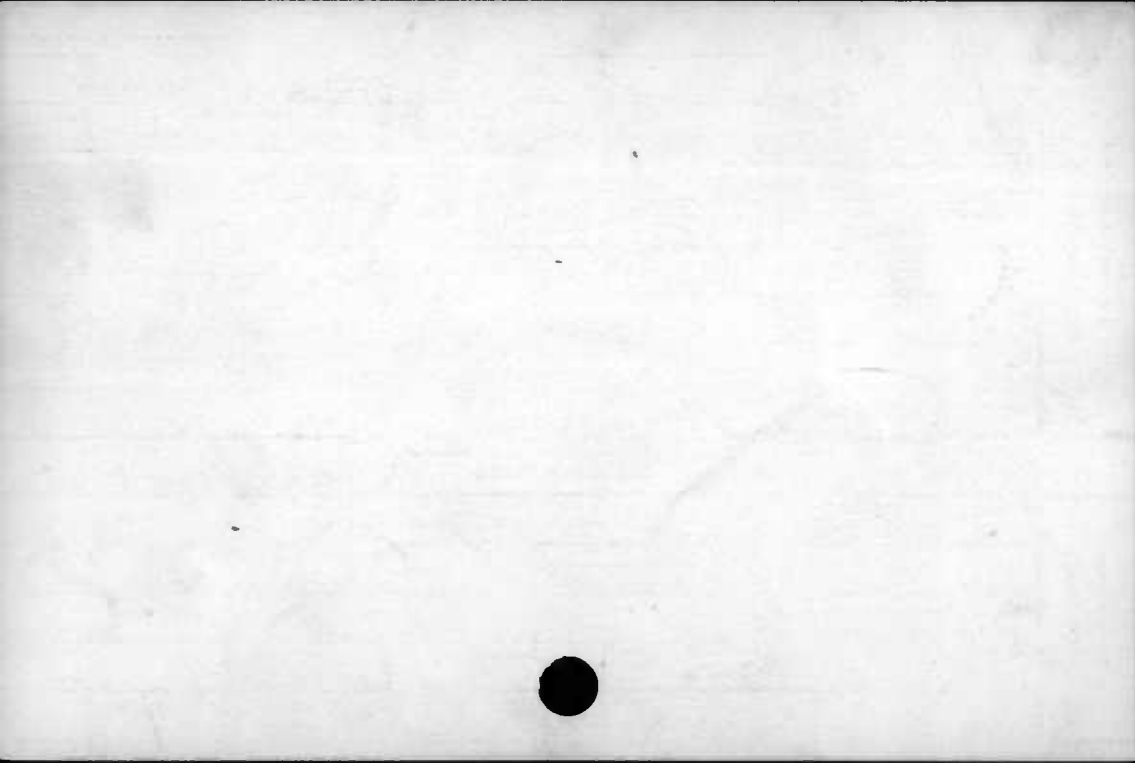
Chas C Trumbleson

Address

Guildford

Md.

Accident or Suicide?



Name  
in  
Full

✓  
CERTIFICATE OF DEATH

Samuel F. Whipps

Died at <sup>Town</sup> Ellicott City <sup>County</sup> Howard MARYLAND

Date of death 1909 <sup>Month</sup> March <sup>Day</sup> 3 Age <sup>Years</sup> 78 <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race White Birth-place Maryland

Occupation Retired Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or ~~Husband~~ Eliza Jane Whipps

Father's Name William Whipps. Father's Birthplace Maryland

Mother's Maiden Name Sarah White Mother's Birthplace Maryland

Name of person giving Information Sarah Elizabeth Aitcheson How related to deceased Daughter

CAUSES OF DEATH

Primary Cerebral Haemorrhage How long 4 days  
Immediate Paralysis How long Some hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician R. J. Byrne

Address Ellicott City Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Elizabeth White

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Annap.* <sup>Town</sup> *June* <sup>County</sup> *Howard* **MARYLAND**

Date of death *1909* <sup>Month</sup> *Mar* <sup>Day</sup> *14<sup>th</sup>* <sup>Years</sup> *6<sup>th</sup>* <sup>Months</sup> *7* <sup>Days</sup> *7*

Sex *Female* Color or Race *white* Birth-place *Balto Md*

Occupation *none* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Sam'l White* Father's Birthplace *Balto Md*

Mother's Maiden Name *Margt. J. Nelson* Mother's Birthplace *Balto Md*

Name of person giving information *Sam'l C. White* How related to deceased *Brother*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Senile Dementia* <sup>How long</sup> *5-4 years.*

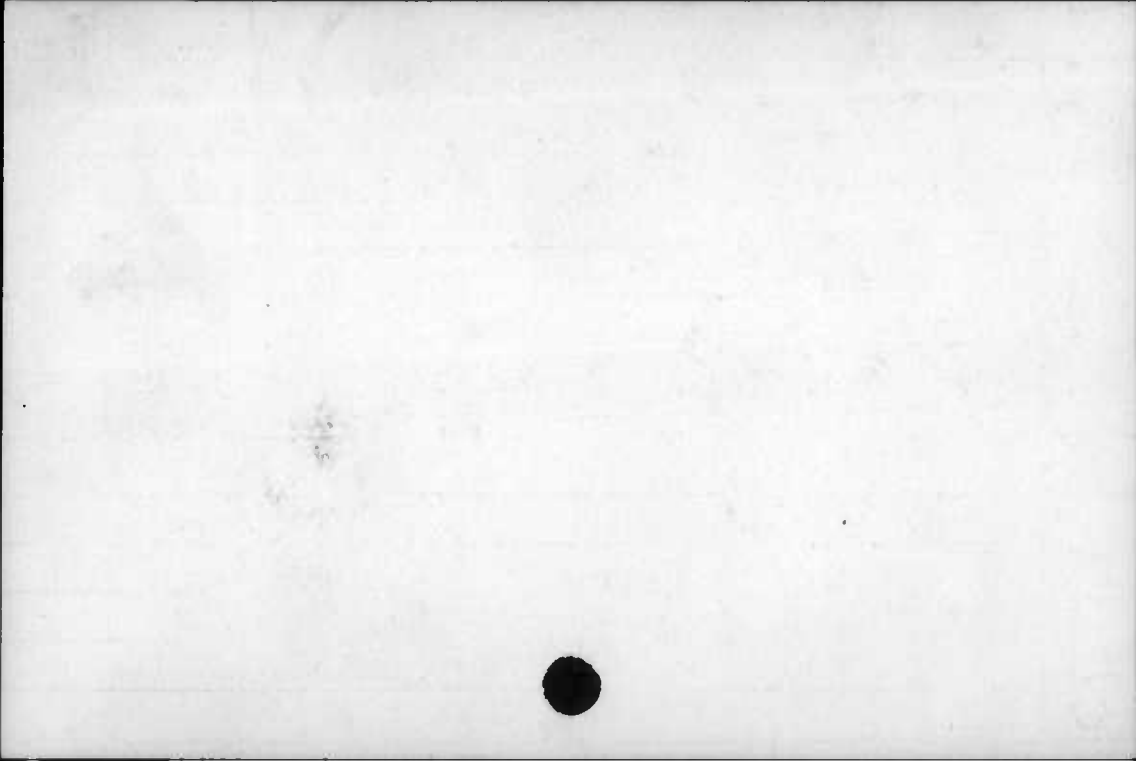
Immediate *Heart failure & collapse* <sup>How long</sup> *four days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas C. Tumbleson*

Address *Guilford*

Accident or Suicide? *Howard Co*





Name  
in  
Full

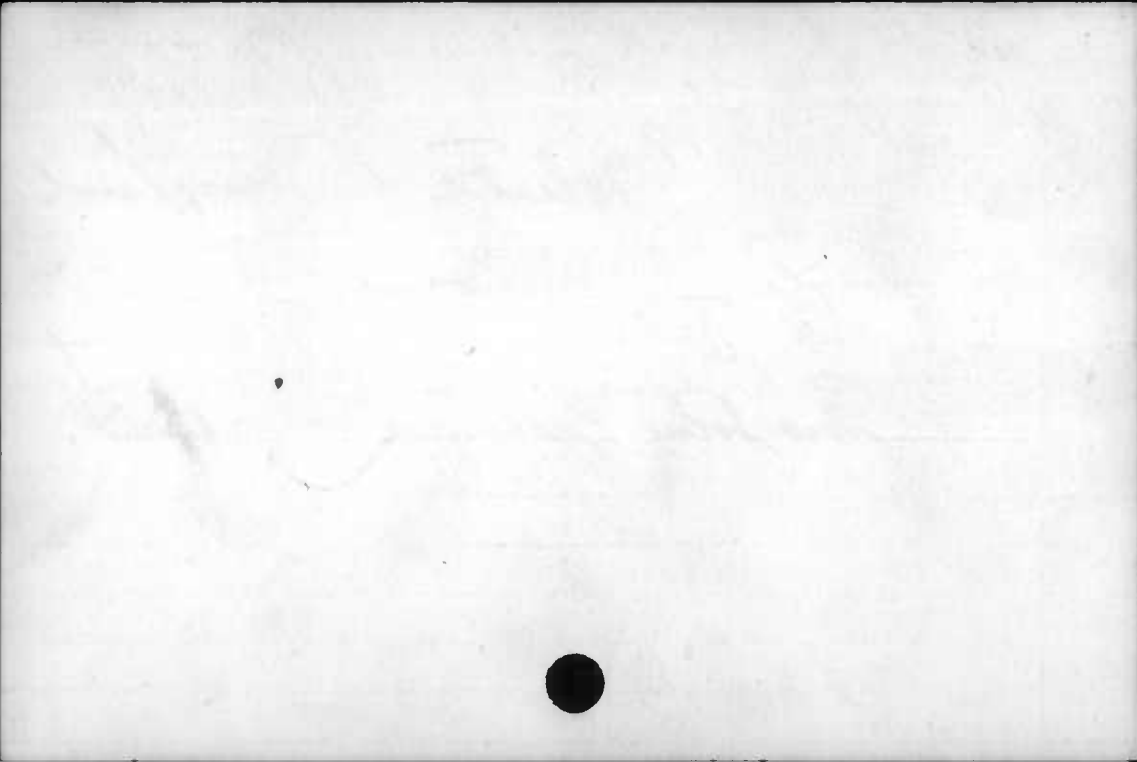
CERTIFICATE OF DEATH

Name in Full <i>Jacob Young</i>		Town <i>West Friendship</i>		County <i>Howard</i>		MARYLAND	
Died at <i>West Friendship</i>		Month <i>March</i>		Day <i>20</i>		Age <i>55</i>	
Date of death <i>1909</i>		Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>Maryland</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Hager Young</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Thomas Hibbeling</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

9

PHYSICIAN OR CORONER	Primary <i>Bacteremia</i>	How long <i>3 days</i>
	Immediate <i>Heart Failure</i>	How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Hibbeling</i>
	Address <i>West Friendship, Md.</i>	<i>Howard Co.</i>
Accident or Suicide? <i>—</i>		



Name  
in  
Full

Child of Frank Zellman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Mar Ellicott City*<sup>County</sup> *Howard*

MARYLAND

Date

of death

190

9

Month

*Mar.*

Day

*19*

Age

Years

Months

Days

Sex

☒ *boy*Color or  
Race*White*Birth-  
place*Maryland*

Occupation

*none*Where Residing if not  
at place of death*---*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*- none*Father's  
Name*Frank Zellman*Father's  
Birthplace*Germany*Mother's  
Maiden Name*Rosie B. Snell*Mother's  
Birthplace*Germany*Name of person giving  
Information*Mrs. John Zellman*How related  
to deceased*Aunt*

## CAUSES OF DEATH

151

Primary

*Congenital Atrial Septal Defect*

How long

Immediate

*Cyanosis*

How long

*Progressive*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*W. C. Smith*

Address

*Ellicott City  
Md*

Accident or Suicide

PHYSICIAN  
OR CORONER

9

